

NUMBER OF UNINSURED AMERICANS DECLINES

The number of Americans without health insurance appears to have dropped in 1994 for the first time since 1988, *American Medical News* says. The Employee Benefits Research Institute suggested that managed care, more affordable insurance and reduced inflation rates may have contributed to the decline in the number of uninsured Americans to 39.4 million people, or 17.3% of the population.

The institute said 61% of Americans with insurance get it through employers, 13% through Medicare (insurance for the elderly) and 12% through Medicaid (insurance for the indigent). Uninsured Americans were more likely to work for small firms with fewer than 10 employees. The number of uninsured people also varied by region; the best coverage records were reported by Vermont and Wisconsin, and the worst by Texas, New Mexico, California and Arizona — border states with large numbers of noncitizens.

SELLING TOBACCO TO ONTARIO TEENS LOSING ITS LURE

Ontario's tough Tobacco Control Act seems to be deterring retailers from selling cigarettes to teenagers, the March–April edition of the Addiction Research Foundation *Journal* reports. It cited a provincewide study that found the number of vendors

ready to sell cigarettes to teens had fallen from 43% in fall 1994, when the legislation was introduced, to 28% a year later. Maximum fines of \$2000 for individuals and \$5000 for corporations selling cigarettes to teens younger than 19 years are being credited with the decline. At the end of January 1996, more than 150 Ontario vendors had been charged, with a conviction rate exceeding 80%. Ontario's Ministry of Health spends \$2.5 million a year enforcing the act.

CMA APPALLED BY REINTRODUCTION OF TOBACCO ADS

The CMA says it is appalled by tobacco advertisements that began reappearing in bus shelters, on television and in various publications in February after being absent for almost a decade. In a news release, CMA president Dr. Jack Armstrong said the ads, the first to appear since the Supreme Court ruled that a ban on tobacco advertising is unconstitutional, were "particularly offensive because they are clearly targeting youth. The CMA and doctors across the country are very disappointed to see tobacco ads [reappear]."

In Ottawa, some ads were initially placed in bus shelters near schools, but they were quickly removed in the wake of complaints by the public, physicians and politicians. Armstrong said the ads encourage young people to start smok-

ing, "a blatant violation of the tobacco industry's own voluntary code of ethics. It is clear that voluntary guidelines aren't working." The CMA urged Health Minister David Dingwall to move swiftly to develop advertising legislation that was promised in the government's blueprint for tobacco control.

TEENS WITNESS THE TRAUMA, TRAGEDY OF GUNSHOT WOUNDS

A Minnesota trauma surgeon has developed an emergency-room program to bring at-risk youth face-to-face with the reality of gun violence. In the *Calling the Shots* program, teens are given a crash course in the basics of trauma resuscitation. Afterwards, with the help of trauma experts and a local theatre company, they are asked to save the life of an actor playing the role of a young gunshot victim.

The teens, aged 13 to 18, spend an emotional 4 hours witnessing what happens once a victim is loaded into an ambulance, taken to hospital and "dies"; they must then advise the victim's family (also actors) of the death. The program is aimed at teenagers who are already in the juvenile-detention system or who are identified by parents, teachers or community leaders as prone to violence. The physician who developed the program believes that bringing young people face to face with the real-life tragedy of gun violence may change their lives.

DOWN SYNDROME PATIENT RECEIVES MULTIPLE-ORGAN TRANSPLANT IN US

Widespread publicity helped reverse opposition at two US hospitals that had declined to consider a woman with Down syndrome for a multiple-organ transplant. A year ago the University of California at San Diego Medical Center and the Stanford University Medical Center declined to accept the 35-year-old patient as a transplant candidate; officials at one facility said they didn't feel she could mentally grasp the complexity of the procedure, and the other sent her a letter stating that officials "do not feel that patients with Down syndrome are appropriate candidates for heart-lung transplant."

After the woman and her supporters protested and sparked a debate about the ethics of the decision, she was re-evaluated. She was accepted for the waiting list at Stanford in January, and had a transplant 4 days later. She went to the top of the transplant list because the other two candidates with compatible blood types were too large for the organs available. *American Medical News* reports that the woman, who graduated from high school and lives independently, is doing well.

DON'T USE CELL PHONES, HOSPITAL ASKS VISITORS

A Vancouver hospital has warned visitors that their cellular telephones can endanger patients. St. Paul's Hospital warns that radio signals from cell phones "can reset flow rates on IV pumps, turn ventilators off, even reset alarm criteria on monitoring equipment. In fact, they can alter the proper functioning of almost any kind of electronic medical equipment, even when the phones are on standby and not in use."

Owners may not be aware of the danger their cell phones pose in acute care hospitals that have enormous amounts of electronic equipment (see Hamilton J: Electromagnetic interference can cause hospital devices to malfunction, McGill group warns. *Can Med Assoc J* 1996; 154: 373-375). However, cell phones are almost impossible to track in a hospital because they are small, portable, easily hidden and carried from area to area.

RESEARCH FUNDING FROM INDUSTRY BELOW EXPECTATIONS

The Medical Research Council and the Pharmaceutical Manufacturers Association of Canada, partners in the MRC-PMAC Health Program, are working to increase academic and corporate support for research. A recent edition of the Coalition for Biomedical and Health Research newsletter *Issues* indicated that since the Health Program began in October 1993, funding committed by industry has been well below expectations: \$23.7 million in cash and \$4.2 million in kind. A joint industry-academic task force has been established to resolve impediments to funding and propose solutions.

SOME MEXICAN MDs PICKING VEGETABLES INSTEAD OF TREATING PATIENTS

The weak Mexican economy has created so few jobs and given so little money to consumers that a university or college degree is no guarantee of paid work. As a result, many Mexican-trained physicians, lawyers and dentists are performing menial work such as picking broccoli and other vegetables in the US. The *Wall Street*

Journal says they can earn more through farm work in the US than as professionals in Mexico.

In its Mar. 4 issue, the *Journal* recounted the story of a physician who put himself through medical school by picking melons. After 4 years of medical school, a 1-year internship and 1 year of mandatory social service, his dream of being a surgeon was dashed when a 1985 earthquake disrupted specialty training. He worked at a government hospital and had a private practice to supplement the \$100/week the government paid GPs, but found he could make more — \$300/week — picking asparagus in California. When the harvest hits a lull, he practises medicine in his hometown in Mexico.

OMA REVERTS TO VOLUNTARY MEMBERSHIP

In the wake of a government decision to take representation rights away from the Ontario Medical Association (OMA), the largest division within the CMA has once again become a voluntary professional organization. In a letter to Health Minister Jim Wilson, OMA president Dr. Ian Warrack said the association "will not force doctors to pay dues to an organization that has been stripped of its rights to negotiate on their behalf." Membership in the OMA had been voluntary for 110 years until 1991, when the OMA Dues Act was passed.

In late February Warrack advised physicians that the OMA's Governing Council will continue to represent the interests of Ontario physicians and patients, as well as poll members and continue its public-relations campaign. The council also plans to continue discussions with the Ministry of Health and promote the OMA's health care funding proposals.